1991

SASKATCHEWAN
HEALTH

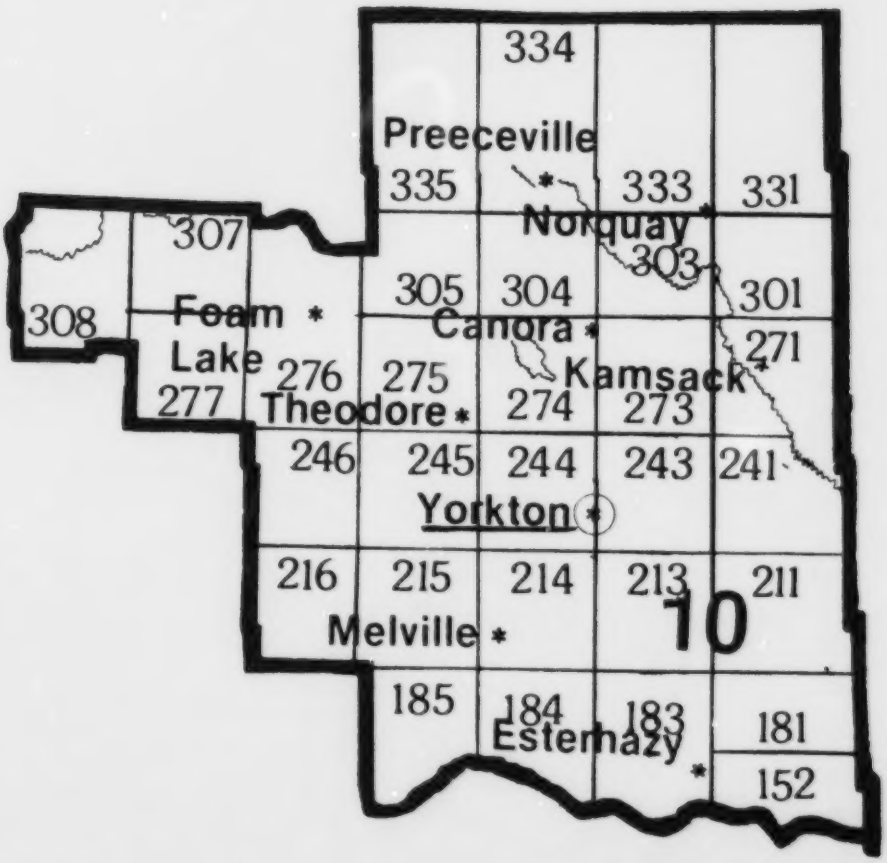
COMMUNITY SERVICES

YORKTON-MELVILLE
REGION

ANNUAL REVIEW

YORKTON – MELVILLE

HEALTH REGION



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FOREWORD

This is the second report for the last decade of the 20th Century, and some changes envisaged have already taken place, with many more clearly necessary. Governments and communities at all levels are struggling to find the best approaches to improving the health of the people, and are realizing more and more the importance of a cooperative approach with more community empowerment being crucial to success. In all these endeavours, it is our duty to ensure that the important role of health promotion and disease prevention is not forgotten and achieves its rightful place in the forefront of all health planning.

We pledge to continue all appropriate advocacy so that the necessary resources and structure are provided that will enable our Branch to fulfil its vital role.

This report is respectfully submitted to the Board of the Yorkton-Melville Health Region.

Acknowledgement:

We are grateful to the Senior Secretary, Mrs. M. Montain, for clerical and secretarial assistance in preparing this report, and for carefully checking the statistical data.

1991 Regional Board Members with Dr. Watler

From Left to Right:

Standing:	Mr. John Gorchinski
	Mr. Paul Stan
	Mr. Edward Brezinski
Sitting:	Dr. Don Watler
	Mr. Metro Wintonyk
Missing:	Mr. Mervin Luce
	Mrs. Frances Korchinski
	Mr. Stanley Kyba

REGIONAL BOARD MEMBERS - 1991

HEALTH DISTRICT NO. 1	Mr. Metro Wintonyk P.O. Box 9 Stornoway, Sask. S0A 3Z0 (term expires April 1992)	Telephone: 273-4736
HEALTH DISTRICT NO. 2	Mrs.Frances Korchinski P.O. Box 128 Hubbard, Sask. S0A 1J0 (term expires April 1993)	Telephone: 795-2893
HEALTH DISTRICT NO.3	Mr. Mervin Luce P.O. Box 57 Stockholm, Sask. S0A 3Y0 (term expires April 1993)	Telephone: 793-2047
HEALTH DISTRICT NO. 4	Mr. John Gorchinski 3-16, RR#2 Canora, Sask. S0A 0L0 (term expires April 1992)	Telephone: 782-7393
HEALTH DISTRICT NO. 5	Mr. Edward Brezinski P.O.Box 314 Buchanan, Sask. S0A 0J0 (term expires April 1992)	Telephone: 592-2242
HEALTH DISTICT NO. 6	Mr. Paul Stan P.O. Box 431 Foam Lake, Sask. S0A 1A0 (term expires April 1993)	Telephone: 272-4234
HEALTH DISTRICT NO. 7	Mr. Stanley Kyba P.O. Box 122 Yorkton, Sask. S3N 2V6 (term expires April 1992)	Telephone: 782-2283 or 783-5221

MUNICIPAL HEALTH REPRESENTATIVES - 1991

DISTRICT HEALTH COUNCIL NO. 1

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Francis Smithson Box 66, Ebenezer, SOA OTO Phone: 782-7321	Village of Ebenezer
Mrs. Helen Tkachuk Box 47, Calder, SOA OKO Phone: 742-2158/742-2173	Village of Calder
Mr. Don Laube Box 58, Springside, SOA 3VO Phone: 792-2059	Village of Springside
Mrs. Lynn Gleason Box 120, Willowbrook, SOA 4PO Phone: 782-5768	Village of Willowbrook
Mrs. Linda Napady Box 58, Wroxton, SOA 4SO Phone: 742-4254/742-4557	Village of Wroxton
*Mr. Metro Wintonyk Box 9, Stornoway, SOA 3ZO Phone: 273-4736	Village of Stornoway
Mr. John Stricker Box 119, Rhein, SOA 3KO Phone: 273-2022	Village of Rhein
Mr. Gerald Schepp MacNutt, SOA 2KO Phone: 742-4541	R.M. Calder #241
Mrs. Joyce Burkell Box 48, RR#1, Yorkton, S3N 2V3 Phone: 782-7111	R.M. Wallace #243
Mr. Harvey Grunert RR#2, Yorkton, S3N 2V4 Phone: 782-5905	R.M. Orkney #244

* Regional Board Member

Also wishes to be notified re meetings:
Mrs. Florence Griffith
153 Betts Ave., Yorkton, S3N 1M4

DISTRICT HEALTH COUNCIL NO. 2

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Mervin Ozirney Box 2000, Melville, SOA 2PO Phone: 728-4322	City of Melville
Mr. Harry Kozakewich Box 578, Ituna, SOA 1NO Phone: 795-2266	Town of Ituna
Mr. Norman Schick Box 57, Duff, SOA OSO Phone: 728-3592	Village of Duff
Mr. Byron Dohms Fenwood, SOA OYO Phone: 728-4001	Village of Fenwood
Mrs. Anne Elash Box 88, Goodeve, SOA 1CO Phone: 876-2008	Village of Goodeve
*Mrs. Frances Korchinski Box 128, Hubbard, SOA 1JO Phone: 795-2893	Village of Hubbard
Mr. Cecile Duncan Insinger, SOA 1LO Phone: 647-2474	Village of Insinger
Mrs. Angeline Polegi Box 45, Jedburgh, SOA 1RO Phone: 647-2748	Village of Jedburgh
Mrs. Marlene Dashney Box 56, Sheho, SOA 3TO Phone: 849-2044/849-4627	Village of Sheho
Mr. Murray Bilokreli Box 8, Theodore, SOA 4CO Phone: 647-2062	Village of Theodore
Mr. Leslie Bugoy Box 651, Yorkton, S3N 2W7 Phone: 782-7302	R.M. Cana #214
Mr. Albert Steffan Box 1343, Melville SOA 2PO Phone: 728-3002	R.M. Stanley #215
Mrs. Gloria Mandziak Goodeve, SOA 1CO Phone: 795-2710	R.M. Tullymet #216

* Regional Board Member

District Health Council No. 2 (continued)

Mr. Joe Kruda
Box 112, Willowbrook, SOA 4PO
Phone: 782-7235 — R.M. Garry #245

Mr. Terry Kozun
Ituna, SOA 1NO
Phone: 792-2932 — R.M. Ituna Bon Accord #246

Mr. Albert Pobereznek
Box 2, Insinger SOA 1LO
Phone: 647-2411 — R.M. Insinger #275

DISTRICT HEALTH COUNCIL NO. 3

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mrs. Jean Thorsness Bredenbury, SOA OHO Phone: 898-2221	Town of Bredenbury
Mrs. Marie Yanke Box 128, Churchbridge, SOA OMO Phone: 896-2281	Town of Churchbridge
Mrs. Carol Unchulenko Box 734, Esterhazy, SOA OXO Phone: 745-2300/745-3973	Town of Esterhazy
(no representative appointed-send to Town)	Town of Langenburg
Mrs. Viola MacDonald Box 173, Lemberg, SOA 2BO Phone: 335-2249	Town of Lemberg
Mrs. Margaret Rushka Box 239, Saltcoats, SOA 3RO Phone: 744-2325	Town of Saltcoats
Mrs. Doreen D. Rausch Box 58, Atwater, SOA OCO Phone: 745-3809	Village of Atwater
(no representative appointed-send to Village)	Village of Bangor
Mrs. Mary Nagy Box 69, Dubuc, SOA ORO Phone: 877-2046	Village of Dubuc
Mrs. Janice Andrusiak Box 171, Gerald, SOA 1BO Phone: 745-6972	Village of Gerald
Mr. Fred Bogdan Box 155, Grayson, SOA 1EO Phone: 794-2057	Village of Grayson
Mr. Vern Huber Killaly, SOA 1XO Phone: 748-2311	Village of Killaly
Mrs. Lorraine Andres Box 142, MacNutt, SOA 2KO Phone: 742-4209	Village of MacNutt
Mr. Murray Hanowski Neudorf, SOA 2TO Phone: 748-2254/748-2233	Village of Neudorf

(District Health Council No. 3 (continued)

Mrs. Wanda Petracek Spy Hill, SOA 3WO Phone: 534-2281	Village of Spy Hill
*Mr. Mervin Luce Box 57, Stockholm, SOA 3YO Phone: 793-2047	Village of Stockholm
Mrs. Marienna Godwin Box 76, Tantallon, SOA 4BO Phone: 643-2052	Village of Tantallon
(no representative appointed-send to Village)	Village of Waldron
Mrs. Bernice Verner Box 142, Yarbo, SOA 4VO Phone: 745-6135	Village of Yarbo
Mrs. Ilene Thorpe Box 126, Spy Hill, SOA 3WO Phone: 534-4565	R.M. Spy Hill #152
Mr. Otto Weiss Gerald, SOA 1BO Phone: 745-2609	R.M. Langenburg #181
Mr. John Croswell Stockholm, Sask. SOA 3YO Phone: 793-4243	R.M. Fertile Belt #183
Mr. Harvey Mucha Box 1991, Melville, SOA 2PO Phone: 728-5308	R.M. Grayson #184
Mr. John Douhaniuk Box 18, Killaly, SOA 1XO Phone: 748-2386	R.M. McLeod #185
Mr. Leo Fuhr Langenburg, SOA 2AO Phone: 743-5096	R.M. Churchbridge #211
Mrs. Verene Elmy Box 477, Saltcoats, Sask. SOA 3RO Phone: 744-2779	R.M. Saltcoats #213

* Regional Board Member

<u>Also wishes to be notified re meetings</u>

Mrs. Ann Batycki,
Box 133, Goodeve, SOA 1CO

Mrs. Dianne Lamontagne
Box 1531, Esterhazy, SOA 0XO

DISTRICT HEALTH COUNCIL NO. 4

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Virgil Hrywkiw Box 505, Canora, SOA OLO Phone: 563-5520	Town of Canora
Mr. Metro Kowalchuk General Delivery, Kamsack, SOA 1SO Phone: 542-2778	Town of Kamsack
Mrs. Annette Shukin Box 206, Pelly, SOA 2ZO Phone: 595-2084	Village of Pelly
Mrs. Rosemarie Hamell Box 144, Togo, SOA 4EO Phone: 597-2186/597-2114	Village of Togo
Mrs. Eva Moskal Box 160, Veregin, SOA 4HO Phone: 542-4365/542-4338	Village of Veregin
Mr. Wilbert Filipchuk Box 217, Kamsack, S0A 1SO Phone: 542-3319	R.M. Cote #271
*Mr. John Gorchinski 3-16, RR#2, Canora, SOA OLO Phone: 782-7393	R.M. Sliding Hills #273
Mr. Bill S. Anaka RR#2 (2-18) Canora, SOA OLO Phone: 782-5638	R.M. Good Lake #274
Mr. Russell Lasko Box 191, Pelly, SOA 2ZO Phone: 595-4615	R.M. St. Phillips #301
Mrs. Nettie Gazdewich Box 53, Norquay, SOA 2VO Phone: 594-2103	R.M. Keys #303

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 5

NAME/ADDRESS/REPRESENTING	REPRESENTING
Mrs. Beverley Strand Box 126, Sturgis, SOA 4AO Phone: 548-2842	Town of Sturgis
Mrs. Joyce Gulka Preeceville, Sask. SOA 3BO Phone: 547-2888	Town of Preeceville
Mrs. Linda Skomorowski Box 520, Norquay, SOA 2VO Phone: 594-2266	Town of Norquay
Mrs. Pearl Marshall Arran, SOA OBO Phone: 595-4443	Village of Arran
* Mr. Edward Brezinski Box 314, Buchanan, SOA OJO Phone: 592-2242	Village of Buchanan
Mr. Anthony Roelens Box 242, Endeavour, SOA OWO Phone: 547-4347	Village of Endeavour
Mr. Paul Chermcora Box 25, Hyas, SOA 1KO Phone: 594-2936	Village of Hyas
Mrs. Kathy Kaminski Box 127, Invermay, SOA 1MO Phone: 593-2222	Village of Invermay
Mr. Matt Rogowsky Box 54, Lintlaw, SOA 2HO Phone: 325-2022	Village of Lintlaw
Mr. Herb Kotyk Rama, SOA 3HO Phone: 593-2068	Village of Rama
Mr. Ray Motilaga Box 27, Stenen, SOA 3XO Phone: 548-4314	Village of Stenen
Mr. Brian Neufeld Box 1268, Preeceville, SOA 3BO Phone: 547-4631	R.M. Buchanan #304
Mrs. Evelyn Laird Box 16, Sheho, SOA 3TO Phone: 849-4645	R.M. Invermay #305

* Regional Board Member

District Health Council No. 5 (continued)

Mr. Adam Shevernoha
RR #1, Arran, SOA OBO
Phone: 595-4687 — R.M. Livingstone #331

Mr. Mike Babiuk
RR#1, Site 2, Box 4, Norquay, SOA 2VO
Phone: 594-2920 — R.M. Clayton #333

Mr. William Jakubowski
Box 148, Endeavour, SOA OWO
Phone: 547-5490 — R.M. Preeceville #334

Mrs. Loreen Last
Lintlaw, SOA 2HO
Phone: 325-2148 — R.M. Hazel Dell #335

DISTRICT HEALTH COUNCIL NO. 6

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
Mr. Len Harasen Box 1317, Wynyard, SOA 4TO Phone: 554-3024/554-2586	Town of Wynyard
Mrs. Jean Seidlik Box 412, Foam Lake, SOA 1AO Phone: 272-3646	Town of Foam Lake
Mrs. Lana Bolt Box 142, Dafoe, SOK 1CO	Village of Dafoe
Mr. Terry Torgerson Box 157, Elfros, SOA OVO Phone: 328-2070	Village of Elfros
Mr. Ernest George Box 95, Leslie, SOA 2EO Phone: 272-3893	Village of Leslie
Mr. Fred Woitas Box 3, West Bend, SOA 4MO Phone: 272-4644	Village of West Bend
Mr. Albin Faye Box 87, Wishart, SOA 4RO Phone: 576-2428	Village of Wishart
*Mr. Paul Stan Box 431, Foam Lake, SOA 1AO Phone: 272-4234	R.M. Foam Lake #276
Mr. Gerald J. Faye Box 167, Wishart, SOA 4RO Phone: 576-2297	R.M. Emerald #277
Mr. William Kereluke Box 237, Wadena, SOA 4JO Phone: 338-2738	R.M. Elfros #307
Mrs. Karen Olafson Box 1312, Wynyard, SOA 4TO Phone: 554-2927	R.M. Big Quill #308

* Regional Board Member

DISTRICT HEALTH COUNCIL NO. 7

NAME/ADDRESS/PHONE NUMBER	REPRESENTING
* Mr. Stanley Kyba Box 122, Yorkton, Sask. S3N 2V6 Phone: 782-2283/783-5221	City of Yorkton

* Regional Board Member

STAFF

Director and Medical Health Officer	- Dr. D.C. Watler
Director, Regional Support Services	- Mr. R. Jones
Senior Clerk Stenographer	- Mrs. M. Montain
Regional Nursing Supervisor	- Miss C. Kerr
Public Health Nurse II	- Mrs. V. Stewart
Senior Public Health Inspector	- Mr. A. Gazdewich
Public Health Nutritionist	- Mrs. M. Hornung
Speech/Language Pathologists	- Mrs. S. Bond-Moore - Mrs. L. Jones
Early Childhood Psychologist	- Mr. R. Cherland
Dental Health Educator	- Mrs. W. Griffith

Yorkton

Clerk Typist II	- Mrs. E. Deneschuk
Clerk Typist II (casual)	- Mrs. A. Fox
Clerk Stenographer II	- Miss D. Kahoot
Clerk Typist II (part-time)	- Mrs. J. Matwijeczko
Public Health Inspector	- Miss C. Adams

Staff - continued

Yorkton:	Mrs. B. Blenner-Hassett*	Public Health Nurse
	Mrs. S. Kozicki (resigned March 20/91)	Public Health Nurse
	Mrs. D. Norman	Public Health Nurse
	Mrs. B. Rushowick (returned from Maternity Leave June/91)	Public Health Nurse
	Mrs. W. Wolkowski*	Public Health Nurse
	Mrs. J. Zahaik	Public Health Nurse
Melville		
	Mrs. G. Walls (part-time)	Clerk-Typist II
	Mrs. M. DeBruin	Public Health Nurse
	Mrs. J. Oucharek	Public Health Nurse
	Mrs. D. Wotherspoon	Public Health Nurse
Esterhazy		
	Mrs. L. Tochor	Public Health Nurse
	Mrs. V. Stumborg-Rosin	Public Health Nurse
	Mr. G. Combres	Public Health Inspector
Canora		
	Mrs. D. Korol	Public Health Nurse
	Mrs. J. Roll	Public Health Nurse
Kamsack		
	Mrs. D. Grywacheski(part-time)	Public Health Nurse
	Mrs. M. Sim (part-time)	Public Health Nurse
	Mr. A. Rakochy	Public Health Inspector
Preeceville		
	Mrs. M. Demetrow	Public Health Nurse
	Mrs. D. Maksymiw	Public Health Nurse
Norquay		
	Mrs. P. Johnson	Public Health Nurse
Foam Lake		
	Mrs. E. Halyk (maternity leave effective Oct. 1/91	Public Health Nurse
	Mrs. J. Eyolfson (part-time)	Public Health Nurse
	Mr. R. Fielding	Public Health Inspector
Theodore	Mrs. L. Wunder	Public Health Nurse

* Job-share

COMMUNITY HEALTH - PREVENTION SERVICES BRANCH

MISSION STATEMENT

Through effective leadership, legislation, advocacy and programs, the mission of Community Health - Prevention Services Branch is to enable communities, families and individuals, to achieve their health potential.

PHILOSOPHY STATEMENT

We Believe:

- Health is a dynamic state that includes physical, mental, emotional, social and spiritual well being.
- An individual's health can never be independent of the health of the community, nation, or global environment.
- People have a right and responsibility to participate in decisions about their health.
- People have a right to achieve their health potential.
- Programs which promote, protect and preserve health at the community level will help individuals achieve their health potential.
- The community must be involved by taking an active role in setting program priorities.
- In broadening and strengthening community health programs we must strive for full coordination and strong interdisciplinary collaboration.

PHILOSOPHY OF HEALTH REGION NO. 10

The potential ability to achieve total health is a basic human right and of paramount importance in making for a peaceful, productive, and well integrated community. Health means a dynamic state of well-being which is not only the absence of disease but also includes mental, emotional, social and spiritual components. Together, these make up the concept of total health. This healthy state is never static, but has to be maintained by continual satisfactory adaptation to the changing demands and stresses that occur in both the individual and in our total environment.

The health of the individual can never be independent of the health of the community or nation, since the physical, social and economic environments are critical determinants of total health.

OVERALL GOALS OF HEALTH REGION NO. 10

- To organize the resources available to achieve the highest possible level of total health for the greatest number.

- To promote, prevent, protect and restore the health of the community so that each individual is capable of realizing his maximum potential of total well-being.

- To prevent and alleviate the burden of ill-health not only on a community basis but also in individuals or group situations where applicable.

To achieve these goals, specific objectives with appropriate programs are delivered by the staff of the Health Region.

Report of the Director and Medical Health Officer
- Dr. D.C. Watler

In the introduction to the last Annual Review mention was made of the rapid changes occurring and the expected accelerated pace of change in the decade of the 90's. As time goes on, however, we are reminded of another concept that is not without some element of truth, and well expressed in the old aphorism:- "Plus ca change, plus ....."; "the more things change the more they remain the same", and the words of The Preacher: "the sun ariseth and the sun goeth down and hasteth to the place where it arose.... there is no new thing under the sun". Such philosophical concepts help to remind us that while some change is inevitable, certain basic human characteristics have changed little over the years. With the advent of a new political directorate in Saskatchewan, the increasing challenges in health care have to be addressed and these are best done by combining the lessons, mistakes and successes of the past with a clear vision for the future.

Highlights for the year 1991

- Work continued on drafting a new Public Health Act, and significant progress was made during the year. I continued to be a member of the Legislative Review Committee involved in this work.

- With one Public Health Nurse trained in pulmonary function screening, the Region participated in two respiratory maintenance programs held in two nearby Rural Municipalities. This was an interagency effort with the Centre for Agricultural Medicine from

the University of Saskatchewan, along with the Yorkton Union Hospital, and the councils of the Rural Municipalities. These seminars were very well attended and received. Such successful community activity depends on the initiation and cooperation of the local municipalities, and is particularly relevant to farmers. Other aspects of farm safety and health promotion are also presented at these seminars.

- The Race Relations Committee continued to function during the year and the Regional Nursing Supervisor and myself are members of this Committee. March 21 is the day selected by the United Nations as "International Day for the Abolition of Racial Discrimination", and on that day this Committee arranged a very interesting night of ethnic entertainment with songs, dances and various cultural presentations. Unlike many other areas in the country, there is little ethnic tension in the Yorkton area, and through the work of this Committee in sponsoring multi-cultural seminars and special events, we intend to continue this proactive and preventive activity.

- Regular Early Childhood Committee meetings were held during the year in different offices in the Region. These serve to ensure adequate coordination of our services to preschoolers, as case conferencing and management planning are emphasized.

- To increase awareness and knowledge of AIDS in rural communities, a senior staff person from this Region facilitated a psycho-drama theatrical performance by a group from Manitoba. The theme was: "AIDS is Everybody's Business". As a follow-up to this,

a Rural Response Team has been formed with significant community input.

- For the first time, Public Health Nurses were involved in an influenza vaccination program with particular emphasis on giving vaccine to the healthy elderly. More details on this will be given in the report by the Regional Nursing Supervisor.

- Computerization in our Region is progressing but some inevitable delays occurred due to fiscal restraints.

- The Region's nutritionist worked with the Saskatchewan Heart and Stroke Foundation in initiating the Heart Smart Program in certain restaurants in Yorkton. Changing the public's traditional high fat diet into a more heart healthy pattern with more complex carbohydrates, is difficult, but very important if the toll of death and morbidity from heart disease is to be controlled.

- Regional staff maintained appropriate input into the planning of new hospital constructions being undertaken in Canora and Langenburg.

- Only one Regional Health Council meeting was held during the year, and attendance at Board Meetings has tended to fall off compared with previous years. Uncertainty about the role of Regional Boards still persists as the Government and the community in general struggle to find the best option in delivering Regional Health Services. Some definitive decision must now be taken. The Board approved nine Everyone Wins grants for the promotion of various community health promotion projects.

- A Yorkton District EMO Committee was activated during the year, and the role of public health in emergency situations clarified to all relevant agencies. The two most likely emergencies are judged to be: tornadoes and hazardous chemical spills. Exercises in dealing with these are planned for the coming year.

- I continued to participate in the work of the following provincial and national Committees: Radiation Health and Safety Committee; Medical Advisor representing Saskatchewan on the medical advisory group to the Atomic Energy Control Board; and the Provincial Tuberculosis Advisory Committee.

- With the arrival of a new Medical Health Officer in the summer, I ceased giving coverage to the Prince Albert and Melfort Regions, but began covering the Saskatoon Rural Health Region, as there is a vacant Medical Health Officer post there.

In conclusion I would like to thank all the staff for their excellent performance throughout the year; their readiness to undertake extra work; their commitment to the field of community health; their general cooperation, and high level of professionalism.

My thanks also to the Regional Board of Health for their continuing interest in difficult times, and for providing that community input that is so essential.

Finally we are grateful to the local media: the newspapers and the local radio and television stations for their continuing help in the delivery of health promotion messages. Particularly we are grateful to the local CKOS-TV station which has given us free time each week for a health topic now going back continuously for over 25 years.

Vital Statistics (1991)

Population of Region including Registered Indians	- 76,543
Population of Registered Indians	- 5,413
Population of Region excluding Registered Indians	- 71,130
Area of Region	28,134 sq.Km (10,990 square miles)
Percentage of population of total province	- 7.6%

Demography

Table I shows the total population of the Health Region by age and sex for 1991 (SHSP mid-year covered population); and Table II shows population data for the province. The females slightly outnumber the males in both populations. The registered Indian population of 5413 shows a slight reduction of 0.2% from the previous year.

The total dependency ratio continues to rise for both the Region and province, but is more significantly so in the Region.

Table III shows comparative population data from 1971-1991. Of note is the observation that both the Region and the Province showed their greatest rate of population loss since 1971 with the Region losing 2,002 persons and the province 18,826. As the SHSP covered population is usually regarded as approximately 2.5% higher than the actual census figures, this means that the total population of the province has again fallen below the million mark. The table also shows the increasing proportion of elderly in the Region and province with the rate increase being greater in the Region and now standing at 20.8%. If the Registered Indian (R.I.) population is excluded from the Region, the percentage of elderly increases to 21.4%. The R.I. population (as per SHSP statistics) showed a slight drop from 5,425 in 1990 to 5,413 in 1991. For this population only 3.1% survive beyond 65 years.

Figure I shows the organizational structure of the Regional Board and Council, and Figure II the organizational chart for the Health Region. There are no changes from the previous year.

Table IV shows natality data (births and fertility) for the years 1961-1991. Data for 1990 and 1991 are provisional. The table shows the continuing decline in natality for both the Region and province; even moreso for the Region and this is clearly due to the rapidly aging population.

The total fertility rates (TFR) for both the Province and Region have now been below the population replacement level since 1986. These data are for the total population including Registered Indians (R.I.). TFR from only the R.I. population in Saskatchewan for 1989 was 2,974,* so that the TFR for the non-native population would be even less than that shown in the table.

Table V shows birth data for the province for women 19 years and younger for the years 1970-1991, and Table VI shows similar data for the Region from 1982-1991. For the province there is an increase in the percentage of total births to those ≤19 years of age with a significant drop in births to the married teens and a corresponding increase in births to unmarried teenagers.

For the Region a similar trend is noted in the increased number of births to unmarried teenagers.

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* 1989 Vital Statistics of the Saskatchewan R.I. population, Health and Welfare Canada (1991 publication).

The observations at the bottom of Table VI give comparative fertility rates for single women (age 15-19) in Saskatchewan and the Health Region for the years 1985, 1990, and 1991. As only a very few births occur in girls below age 15, these rates differ from those in 1990 annual report, where the rates were calculated on the age group 10-19. Using the rates in the female population from 15-19 enable better comparison with data from other jurisdictions. These calculations show the continuing increase in pregnancy rates to unmarried teenagers and highlight this as a very important public health problem. The possible reasons for the lower rate in Health Region No. 10 compared to Saskatchewan were discussed in the 1990 Annual Review. Saskatchewan data show the highest unmarried fertility rate in Canada after the Yukon and Northwest Territories.

Mortality Data

Table VII shows infant mortality for the years 1961-1991 and gives comparative data for the Health Region and Province.

Of the 7 infant deaths recorded:

3 - due to severe congenital abnormalities

1 - due to severe birth asphyxia

1 - respiratory distress syndrome

1 - sudden infant death syndrome

1 - meningococcemia

Table VIII shows the number of infant deaths (excluding stillbirths) by the age of death - Health Region No. 10.

A year by year comparison shows an increase in infant deaths in the Health Region for 1991, but an adverse interpretation of this is not indicated as rates vary from one year to another and trends over a longer period are more instructive.

Figure III illustrates how these mortality rates for infants are calculated.

The infant mortality rate is the total number of infant deaths <1 year of age per 1,000 live births.

The neonatal mortality rate is the number of deaths in the first 28 days of life per 1,000 live births.

The perinatal mortality rate is the number of stillbirths plus the number of deaths in the first 7 days of life per 1,000 live and stillbirths (i.e. all births).

Other mortality data

For 1991 the total number of deaths in the Province was 8053 compared to 7953 in 1990.

For 1991 the total number of deaths in the Health Region was 779 compared to 805 in 1990.

These changes are not significant, with heart disease again accounting for approximately 43% of all deaths in Saskatchewan and 49% in the Region. Cancers continue as the next commonest cause of death accounting for 25% of deaths in the province and also 25% in the Region. Age adjusted mortality trends between the Region, Province and Country will not be done again this year (as in the 1990 report) as these data are incomplete and provisional and

comparing trends over a longer period of time are necessary for any meaningful interpretation.

Table IX shows life expectancy at birth for Saskatchewan and the Region.

TABLE I

POPULATION BY AGE GROUP AND PERCENTAGE
YORKTON-MELVILLE HEALTH REGION - 1991

AGE GROUP	MALE	PERCENTAGE OF TOTAL POPULATION	FEMALE	PERCENTAGE OF TOTAL POPULATION	TOTAL	PERCENTAGE OF TOTAL
0 - 4	2419	3.16	2400	3.14	4819	6.30
5 - 9	2801	3.65	2758	3.60	5559	7.26
10 - 14	2956	3.86	2838	3.71	5794	7.57
15 - 19	3013	3.93	2888	3.77	5901	7.71
20 - 24	2576	3.37	2220	2.90	4796	6.27
25 - 29	2451	3.20	2318	3.03	4769	6.23
30 - 34	2518	3.29	2447	3.20	4965	6.49
35 - 39	2611	3.41	2352	3.07	4963	6.48
40 - 44	2260	2.95	2230	2.91	4490	5.86
45 - 49	1896	2.48	1892	2.47	3788	4.95
50 - 54	1799	2.35	1811	2.37	3610	4.72
55 - 59	1865	2.44	1873	2.44	3738	4.88
60 - 64	1993	2.60	1991	2.60	3984	5.21
65 - 69	2126	2.78	2147	2.80	4273	5.58
70 - 74	1823	2.38	2083	2.72	3906	5.10
75 - 79	1544	2.02	1840	2.40	3384	4.42
80 - 84	945	1.23	1192	1.56	2137	2.79
85 - 89	449	0.59	681	0.89	1130	1.48
90+	202	0.26	335	0.44	537	0.70
TOTALS:	38247	49.98	38296	50.02	76543	100.00

Total Population: 76543
Total Youth Dependency Ratio: .360
Total Aged Dependency Ratio: .341
Total Dependency Ratio: .701
Population <15 years of age: 21.13%
Population >65 years of age: 20.08%
Male to Female Ratio of Population: 0.999:1

The Total Dependency ratio gives a measure of the proportion of active persons in potential productive labour i.e. it is the ratio of all persons 15 years and under plus those 65 years and over divided by the population between 15 and 64 years old.
For Health Region No. 10, this ratio is higher than the provincial total owing to the greater number of dependent persons 65 years and over.

TABLE II

POPULATION BY AGE GROUP - SASKATCHEWAN - 1991

AGE GROUP	MALE	FEMALE	TOTAL
0 - 4	40700	38692	79392
5 - 9	42296	40465	82761
10 - 14	40713	38445	79158
15 - 19	38223	36757	74980
20 - 24	36305	34649	70954
25 - 29	40462	40093	80555
30 - 34	42282	41623	83905
35 - 39	39422	37856	77278
40 - 44	32496	31481	63977
45 - 49	24830	24267	49097
50 - 54	21564	21678	43242
55 - 59	21384	21142	42526
60 - 64	21177	21729	42906
65 - 69	19664	21482	41146
70 - 74	16340	19727	36067
75 - 79	12744	16487	29231
80 - 84	7662	10972	18634
85 - 89	3661	6099	9760
90+	1643	3314	4957
TOTALS:	503568	506958	1010526

Total Population: 1010526
Total Youth Dependency Ratio: .383
Total Aged Dependency Ratio: .222
Total Dependency Ratio: .605
Population <15 years of age: 23.87%
Population >65 years of age: 13.83%
Male to Female ratio of population: 0.993:1

TABLE III

POPULATION CHANGES IN SASKATCHEWAN AND HEALTH REGION NO. 10 (1971-1991)
(SHSP Covered Population Including Registered Indians)

	TOTAL POPULATION		PERCENTAGE CHANGE		PERCENTAGE OF POPULATION 65 YEARS AND OLDER		
YEARS	H.R.#10	SASK.	H.R.#10	SASK.	H.R.#10	SASK.	CANADA (Stats.Canada)
1971	86,039	938,527					
1972	86,867	934,607	+1.0	-0.4			
1973	85,236	923,181	-1.9	-1.2			
1974	84,126	923,181	-1.3	-0.1			
1975	84,381	931,921	+0.3	+1.0			
1976	85,099	949,463	+0.9	+1.9			
1977	85,242	961,526	+0.2	+1.3	14.3	11.0	
1978	84,838	970,510	-0.5	+0.9	14.8	11.2	9.1+
1979	84,442	976,734	-0.5	+0.6	15.4	11.4	
1980	83,571	982,237	-0.1	+0.6	15.9	11.6	
1981	92,952	990,746	-0.7	+0.9	16.3	11.8	9.7*
1982	83,332	1,000,667	+0.5	+1.0	16.6	11.9	
1983	83,154	1,014,4[illegible]6	-0.2	+1.4	16.8	12.0	10.0+
1984	82,881	1,028,965	-0.3	+1.4	17.2	12.0	
1985	82,262	1,039,249	-0.7	+1.0	17.6	12.3	
1986	81,776	1,041,358	-0.6	+0.2	17.8	12.4	10.7**
1987	81,258	1,045,440	-0.6	+0.4	18.2	12.6	
1988	80,442	1,044,151	-1.0	-0.1	18.5	12.8	
1989	79,435	1,036,832	-1.3	-0.7	19.0	13.1	11.3***
1990	78,549	1,029,352	-1.1	-0.7	19.4	13.5	
1991	76,543	1,010,526	-2.5	-1.8	20.8	13.8	
Overall Change (1971-1991)			-11.04	+7.7			

\+ Estimates from Census Data

* 1981 Census

** 1986 Census

*** Estimates from the 1986 Census (Stats. Canada)

FIGURE I

REGIONAL BOARD AND COUNCIL
STRUCTURE AND ORGANIZATION

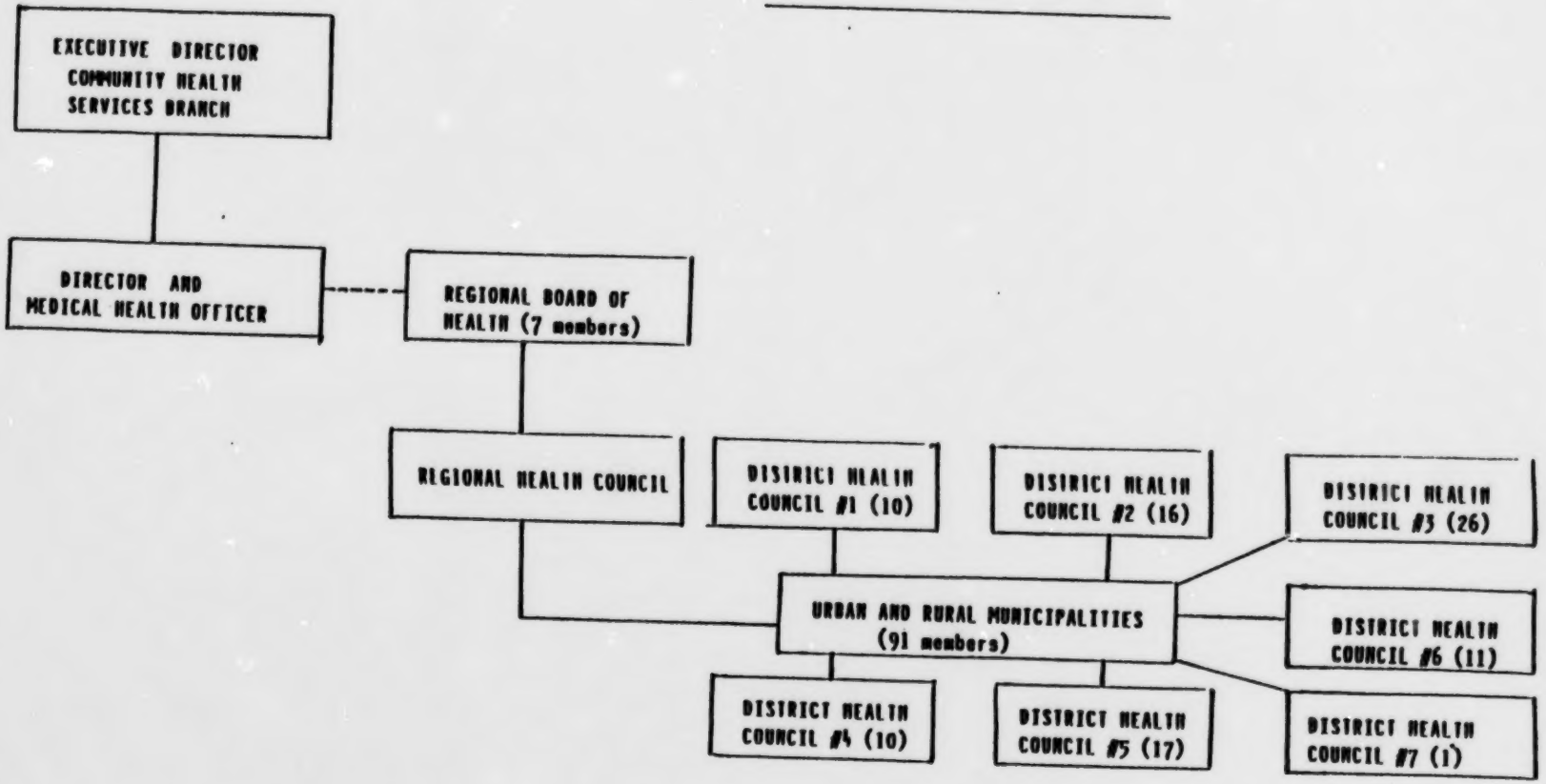


FIGURE II

YORKTON-MELVILLE HEALTH REGION

ORGANIZATION CHART

(1991)

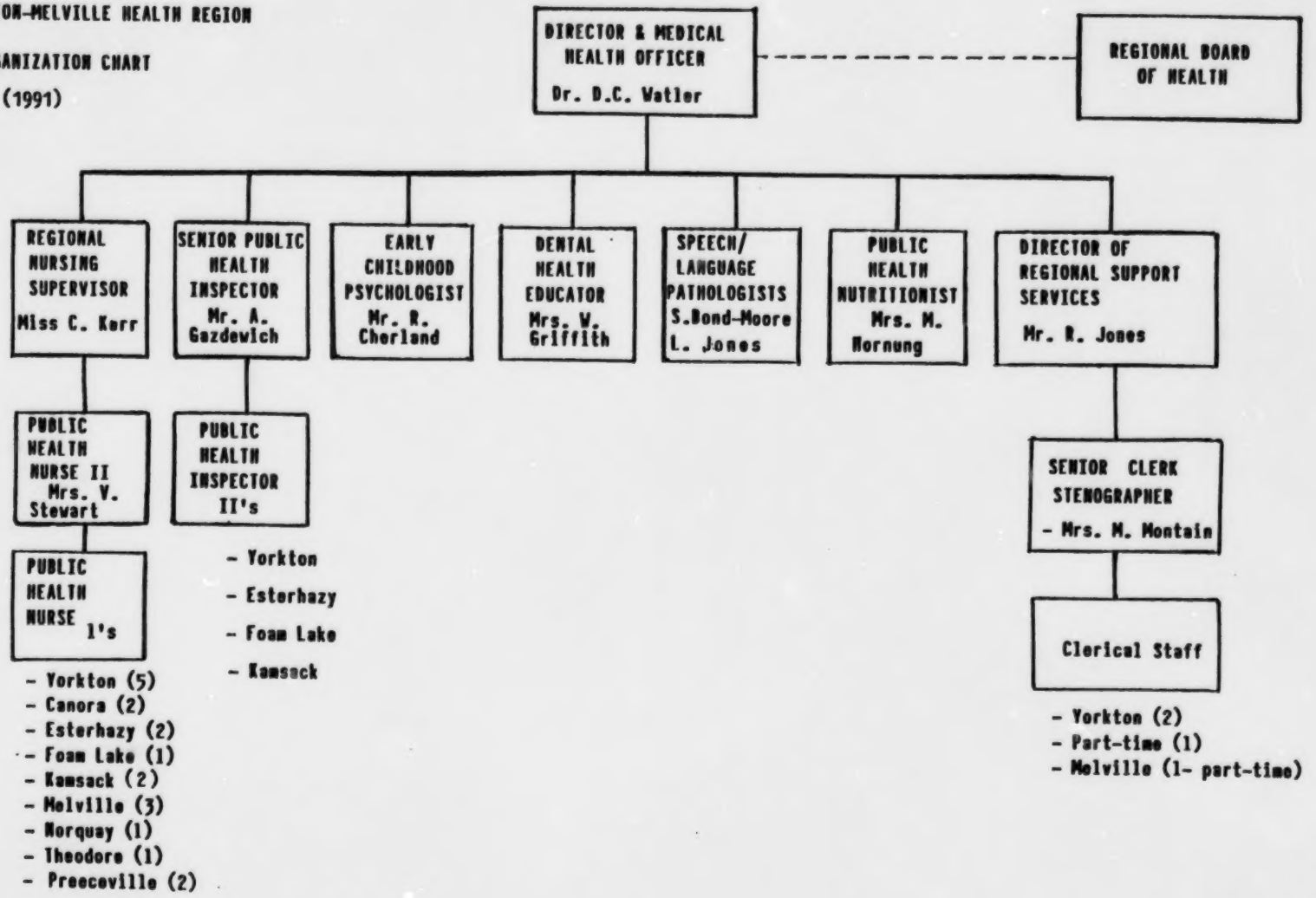


TABLE IV

BIRTH AND TOTAL FERTILITY RATES (TFR) FOR
HEALTH REGION NO. 10 and SASKATCHEWAN

	HEALTH REGION NO. 10			SASKATCHEWAN		
YEAR	TOTAL LIVE BIRTHS	BIRTH RATE	TOTAL FERTILITY RATE	TOTAL LIVE BIRTHS	BIRTH RATE	TOTAL FERTILITY RATE
1961	1674	20.7	-	23994	25.9	4,221
1975	1078	13.2	-	15265	16.8	2,219
1976	1135	13.7	-	15969	17.3	2,301
1977	1155	13.6	2,148	16547	17.7	2,267
1978	1151	13.6	2,109	16551	17.5	2,202
1979	1160	13.7	2,107	16977	17.7	2,193
1980	1149	13.7	2,097	17116	17.6	2,144
1981	1163	14.0	2,120	17300	17.8	2,143
1982	1124	13.4	2,013	17759	17.7	2,170
1983	1158	13.9	2,043	17847	17.6	-
1984	1063	12.8	1,900	18014	17.5	2,108
1985	1125	13.7	2,047	18162	17.5	2,094
1986	1062	13.0	1,952	17513	16.8	1,986
1987	923	11.5	1,723	17034	16.3	1,954
1988	929	11.6	1,768	16763	16.1	1,955
1989	930	11.7	1,820	16651	16.1	2,003
1990*	848	10.8	1,700	16031	15.6	1,989
1991*	777	10.2	1,641	15249	15.1	1,988

Definition: Total Fertility Rate represents the average number of children that would be born to women if they survive through their reproductive years and bear children in accordance with the age specific fertility rates observed in a given year. A total fertility rate of 2,100 is just the population replacement level and means that the average number of children born to a hypothetical cohort of women is 2.1. As more males are born than females this corresponds approximately to a gross reproductive rate of 1,000 which means 1 female child per family.

Birth Rate is the number of live births per 1,000 population. This is a less reliable indicator of fertility as it does not take into account the age differences in the child bearing population.

- Not available

* Provisional figures

TABLE V

BIRTH DATA FROM 1970-1991 FOR THE PROVINCE OF SASKATCHEWAN
SHOWING BIRTHS TO WOMEN 19 YEARS AND YOUNGER

Year	Total births to Sask. Mothers	Births to all Mothers ≤19	Percentage all births to those ≤19	Births to those married ≤19		Births to Single Mothers ≤19	
				Total	Percentage of all those ≤19	Total	Percentage of (all births ≤19)
1970	16443	2275	13.8	1359	59.7	916	40.3
1972	15473	2539	16.4	1486	58.5	1053	41.5
1974	15118	2478	16.4	1373	55.4	1105	44.6
1976	15969	2725	17.1	1434	52.6	1291	47.4
1978	16551	2645	16.0	1163	44.0	1482	56.0
1980	17057	2441	14.3	959	39.3	1482	60.7
1982	17759	2231	12.6	729	32.7	1502	67.3
1983	17823	2166	12.2	645	29.8	1521	70.2
1984	18090	2019	11.2	566	28.0	1453	72.0
1985	18233	1860	10.2	443	23.8	1417	76.2
1986	17507	1800	10.3	360	20.0	1440	80.0
1987	17007	1690	9.9	289	17.1	1401	82.9
1988	16700	1629	9.8	228	14.0	1401	86.0
1989	16572	1685	10.2	234	13.9	1451	86.1
1990	031	1626	10.1	191	11.7	1435	88.3
1991	15249	1690	11.1	157	9.3	1533	90.7

TABLE VI

BIRTH DATA FOR HEALTH REGION #10 FOR THE AVAILABLE YEARS
SHOWING BIRTHS TO WOMEN 19 YEARS AND YOUNGER*

Year	Total births to H.R.Mothers	Births to Mothers ≤19	Percentage of births to those ≤19	Birth to those married ≤19		Births to Single Mothers ≤19	
				Total	Percentage of all those ≤19	Total	Percentage of (all births ≤19)
1982	1105	151	13.7	54	34.8	97	64.2
1983	1141	130	11.4	52	40.0	78	60.0
1984	1047	127	12.1	44	34.6	83	65.3
1985	1114	112	10.1	36	32.1	76	67.9
1986	1038	96	9.2	29	30.2	67	69.8
1987	907	84	9.3	15	17.9	69	82.1
1988	915	98	10.7	16	16.3	82	83.7
1989	913	74	8.1	16	21.6	58	78.4
1990	848	75	8.8	14	18.7	61	81.2
1991	777	74	9.5	7	9.5	67	90.5

*These data are from interim reports from Vital Statistics not tabulated further elsewhere but should be accurate ±2-3%.

In comparing single pregnancy rates per 1,000 population in the age group 15-19 the following comparison is made between Saskatchewan and Health Region #10 for the year 1985, the years 1990, and 1991.

For 1985: The pregnancy rate for single women in Saskatchewan for those 15-19 - 34.4/1,000
The pregnancy rate for single women in Health Region #10 for those 15-19 - 22.2/1,000

For 1990: The pregnancy rate for single women in Saskatchewan for those 15-19 - 37.5/1,000
The pregnancy rate for single women in Health Region #10 for those 15-19 - 20.1/1,000

For 1991: The pregnancy rate for single women in Saskatchewan for those 15-19 - 40.8/1,000
The pregnancy rate for single women in Health Region #10 for those 15-19 - 23.2/1,000

TABLE VII INFANT MORTALITY DATA, HEALTH REGION NO. 10, COMPARED WITH SASKATCHEWAN

YEAR	HEALTH REGION NO. 10						SASKATCHEWAN					
	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate	Infant Deaths < 1 Year	Infant Mortality Rate	Neonatal Deaths	Neonatal Mortality Rate	Perinatal Deaths	Perinatal Mortality Rate
1961	43	25.7	23	13.7	-	-	618	25.8	395	16.5	-	-
1974	21	18.9	17	15.3	-	-	313	20.7	191	12.6	341	22.3
1975	12	11.1	7	6.5	-	-	272	17.8	164	10.7	280	18.2
1976	9	7.9	7	6.2	-	-	229	14.3	139	8.7	269	16.7
1977	14	12.1	9	7.8	-	-	249	15.0	156	9.4	295	17.7
1978	13	11.6	7	6.1	-	-	236	14.3	151	9.1	274	16.4
1979	14	11.2	10	8.6	18	15.4	189	11.4	121	7.1	242	14.2
1980	11	9.7	6	5.2	13	11.2	193	11.3	102	6.0	221	12.9
1981	14	12.0	9	7.9	18	15.4	203	11.8	112	6.5	230	13.3
1982	5	4.5	2	1.8	7	6.3	181	10.2	110	6.1	191	10.7
1983	9	7.8	3	2.6	10	8.7	177	9.9	102	5.7	185	10.3
1984	14	13.2	6	5.6	12	11.2	169	9.4	101	5.6	214	11.8
1985	5	4.4	1	0.9	12	10.6	200	11.0	123	6.8	207	11.3
1986	7	6.7	4	3.9	10	9.6	157	9.0	95	5.4	145	8.3
1987	7	7.7	3	3.3	10	10.8	155	9.1	87	5.1	163	9.5
1988	7	7.7	5	5.5	6	6.5	140	8.4	85	5.1	123	7.3
1989	3	3.3	2	2.2	3	3.3	135	8.1	79	4.8	114	6.9
1990 *	1	1.2	1	1.2	5	5.9	123	7.7	67	4.2	115	7.1
1991 *	7	9.0	3	3.9	4	5.1	117	7.7	70	4.6	117	7.6

* Provisional Figures - Not available

TABLE VIII

Infant deaths (excluding stillbirths) by age at death - Health Region #10
1981-1991

Age	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991	Cumulative
Within first 7 days	9	1	3	5	1	4	3	3	2	0	2*	33
7 days - 1 month	1	2	0	2	0	0	0	2	0	1	2**	10
1 month - 6 months	4	2	4	7	4	3	4	2	1	0	2***	33
6 months - 1 year	0	0	2	0	0	0	0	0	0	0	1+	3
Total	14	5	9	14	5	7	7	7	3	1	7	79

* of these two deaths, one was due to RDS, and the other severe congenital disease (osteodystrophy)
** Of these two deaths, one was due to severe asphyxia, and the other severe congenital disease (osteodystrophy)
*** Of these two deaths one was due to meningococcemia and the other due to SIDS.
\+ This one death was due to congenital heart disease.

TABLE IX

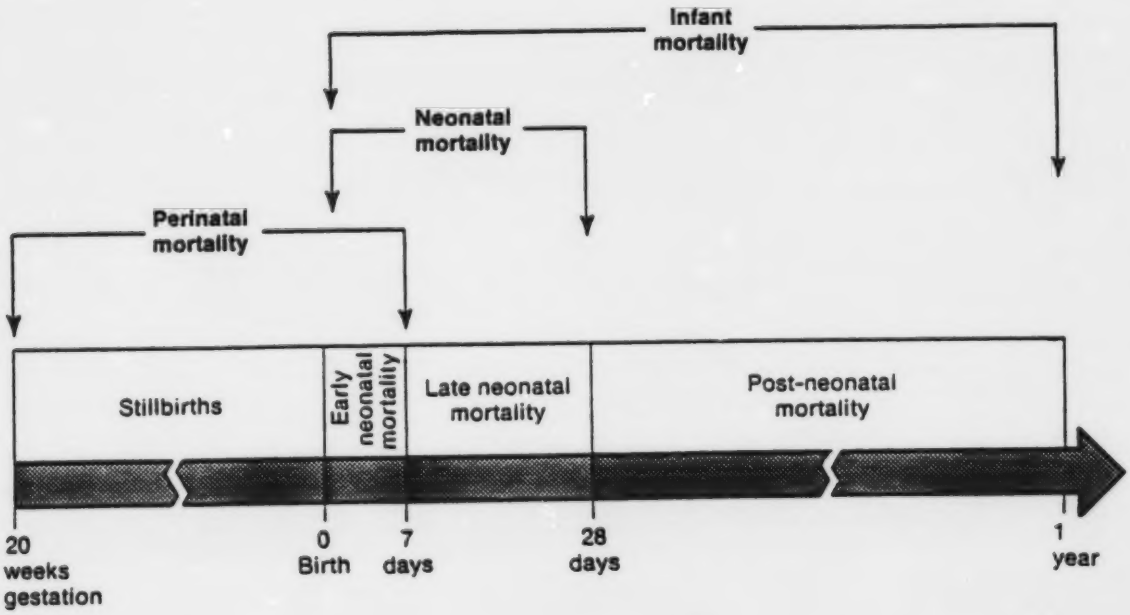
LIFE EXPECTANCY AT BIRTH BY SEX
FOR SASKATCHEWAN AND HEALTH REGION #10
1974 - 1989

	HEALTH REGION #10		SASKATCHEWAN	
YEAR	MALE	FEMALE	MALE	FEMALE
1974	69.9	77.2	69.9	77.2
1980	73.1	79.1	72.3	79.3
1987	75.4	80.3	74.2	80.2
1988	74.0	81.4	73.8	80.5
1989	76.1	81.3	74.5	80.9

It appears from this table that the gap in life expectancy at birth between males and females is narrowing somewhat: 5.2 for the Region and 6.4 for Saskatchewan for 1989 compared to previous years. However, too much emphasis should not be placed on one year's data alone.

Figure III

Stillbirths and Infant Mortality



From: Demographic and Health Indicators (Statistics Canada, 1985-p.195)

Communicable Diseases

Table X shows the incidence of certain important communicable diseases in the Region for the years 1976-1991. The only general observation of note is the increase in cases of rubella that occurred in 1991 compared to other years. No other increased incidence of communicable diseases occurred in 1991.

Rubella

Towards the end of the year, the number of rubella cases were noted to be on the increase and 11 cases were laboratory confirmed. The numbers of these cases considerably increased in January and February of 1992 and, in fact, there was a genuine epidemic of the disease. The majority of cases occurred in boys born before 1978 as the practice in the province up to that date was to give the measles vaccine alone to boys and girls, and the rubella vaccine only to girls at ages 10-13. As a result there was a cohort of boys born before 1978 who were susceptible to rubella and this explained the high incidence in that age group. In 1979 the province began giving the combined measles, mumps and rubella vaccine to both sexes at age 1. To date (March 1992) the epidemic is just about over, and we intend to analyze all the data in due course. The epidemic affected the entire province, beginning before the summer in the North, then spreading southwards. In Saskatoon City, many university students were affected before the Christmas break. Public Health Nurses had to undertake a massive immunization program in the schools to contain the outbreak.

Physicians were very cooperative in their management of patients and to date, we know of no susceptible pregnant woman who was infected during the first trimester of pregnancy.

Salmonellosis

The usual endemic level occurred during the year and in the 26 cases, the serotypes identified were:

Salmonella Newport - 6

Salmonella Bredeney - 4

Salmonella Typhimurium - 4

Salmonella Enteritidis - 3

Salmonella Thompson - 3

Salmonella Hadar - 1

Salmonella Heidelberg - 1

Salmonella Tennessee - 1

Salmonella Infantis - 1

Salmonella Bradenberg - 1

Salmonella Newington - 1

Of interest is the fact that Salmonella Newport and Bredeney were among the commonest serotypes isolated. This is unusual and was reflected in a considerable increase in these serotypes noted especially in the City of Regina and surrounding districts. Despite intensive investigation in the City of Regina there is no clear evidence of the reason for the increased numbers of these serotypes. The outbreak in Regina and surrounding districts occurred during the summer months. Generally foodborne diseases are on the increase in Canada, and a very significant number of cases are not reported or confirmed by laboratory examinations.

Giardiasis

The usual level was maintained. Two of the 50 cases reported gave histories of drinking surface water from lakes while on holiday; no conclusive source was identified in the other 48 cases.

Campylobacteriosis

Of the 16 cases reported, three gave histories of drinking unpasteurized milk. The health hazard of drinking unpasteurized milk must be emphasized, as, apart from campylobacter infection, other serious diseases can be transmitted this way.

Sexually Transmitted Diseases

Gonorrhoea

The usual level of the past three years was maintained; of these 8 cases, six occurred in males and two in females, with 4 in the age group 20-24. This is approximately 8 times less than the incidence for the Province. With our older and less urban population it is fair to assume there is a lower incidence in this Region. In the province, as in the Region, the number of males exceeded females by about 2:1.

Chlamydial genitourinary infections:

These showed an increase in 1991, but is probably not significant. Comparing Health Region #10 and Saskatchewan:-

The rate per 100,000 for Health Region #10 is 70.5.

The rate per 100,000 for Saskatchewan is 325.9.

Again there should be some caution in interpreting the much lower incidence in this Region.

Of the 55 cases that occurred in the Region:-

20 had contacts identified and followed up by the physician

15 cases were notified by the physician but no adequate information was available on contacts

5 cases were notified by the physician but physician not responsible for contact tracing (contacts moved to another Province and/or were followed by another Agency)

10 cases were not notified by the physician (?some being false positive laboratory reports).

5 cases had adequate information for contact tracing provided by the physician and were satisfactorily followed up by the Public Health Nurse.

Table XI shows the age and sex distribution of the 55 cases of chlamydial infection reported during the year. A noteworthy observation is that the female to male ratio is 2:1 and that the majority of cases occurred in the age group 10-19 especially in females. These findings are similar to those found in the province and elsewhere in the country and is a cause for great concern. Sexually Transmitted Disease due to chlamydia is predominantly affecting young girls, appears to be on the increase, and has serious complications in the female, where if untreated, can cause sterility, ectopic pregnancy and pelvic inflammatory disease. As up to 80% of chlamydial infections in the female are asymptomatic, the serious implications of this disease are evident.

Other Communicable Diseases (not tabulated)

Meningococcemia: One case of meningococcal disease occurred without meningitis in a 5 week old infant. It was a fulminating infection, and the infant died within 12 hours of onset. The infection was due to Group B, and is the first death from this disease confirmed in the Region for a long time.

Pertussis: Only one case was reported during the year, and this Region did not experience the increased number of cases observed in the province. In Saskatchewan for 1990, 73 cases were reported, and 119 in 1991. Many other provinces in Canada showed an increase in the number of cases of pertussis, and this highlights the importance

of not only maintaining a high level of immunization with the current vaccine, but also the need for a more immunogenic vaccine.

Hemorrhagic colitis due to the verotoxin strain 0:157: Only one case was reported during the year, the patient recovered without any complication.

Hepatitis C: One case was confirmed during the year. With the introduction of the new laboratory test for hepatitis C, it is expected more cases will be confirmed in the future.

Rabies: Table XII shows a breakdown of rabies incidents in the Region. The low endemic level of positive animals was maintained, and - of all the animals examined - only the skunk proved to be rabid. Again, bites from stray cats that escaped were the most common indication for the administration of post-exposure rabies vaccine.

Table XIII compares the incidence of certain communicable diseases between the Health Region, the province and Canada. National data for Canada for 1991 is not yet available.

Rheumatic Fever Prophylaxis Program:

As mentioned in the 1990 annual review, the number of cases on the program were investigated during 1991, and 47 were discharged. This left only 13 on the program at year-end.

TABLE X

INCIDENCE OF CERTAIN COMMUNICABLE DISEASES - HEALTH REGION NO. 10
1976 - 1991

DISEASES	1976	1977	1978	1979	1980	1981	1982	1983	1984	1985	1986	1987	1988	1989	1990	1991
Gonorrhoea	56	46	35	24	31	38	29	27	24	32	23	24	7	10	7	8
Syphilis	4	5	4	0	1	1	0	0	2	3	1	3	3	1	1	0
Hepatitis A	0	11	1	5	6	2	4	4	90	83	17	4	2	4	1	1
Hepatitis B			1	1	1	1	0	0	0	8	2	2	7	0	5	2*
Hepatitis nonA nonB									2	2	5	1	2	0	1	2
Salmonellosis	18	7	10	23	14	15	7	93	21	16	25	17	17	32	24	26
Measles	22	26	14	68	39	5	0	0	0	6	69	8	2	1	0	0
Rubella	0	0	1	17	8	0	0	0	0	0	1	0	0	5	0	11
Pulmonary Tuberculosis	21	2	3	1	11	5	2	2	1	9	2	1	2	1	1	1
Shigellosis (Bacillary Dysentery)				2	13	33	8	1	4	1	41	3	3	0	1	0
Meningitis				11	8	17	13	4	4	4	3	5	5	0	1	6**
Giardiasis							8	13	38	46	46	58	42	54	39	50
Campylobacter Infection									5	13	19	23	27	16	18	16
Viral Gastroenteritis									40	62	40	61	114	64	N/A	N/A
Chlamydial genito-urinary infections												57	63	34	47	55

* Of these two, one was a carrier.
** Four were viral meningitis, one pneumococcal, and one bacterial (type unknown)

TABLE XI

AGE AND SEX DISTRIBUTION OF CASES OF CHLAMYDIA
HEALTH REGION NO. 10 - 1991

AGE GROUP	MALE	FEMALE	TOTAL
10-14	0	1	1
15-19	4	20	24
20-24	5	13	18
25-29	5	2	7
30-39	4	1	5
40-59	0	0	0
TOTAL	18	37	55

TABLE XII

RABIES - 1987-1991

SPECIES	NUMBER EXAMINED					NUMBER POSITIVE					PERCENT POSITIVE					POSITIVE ANIMALS WITH CONFIRMED HUMAN EXPOSURE OR BITE				
	1987	1988	1989	1990	1991	1987	1988	1989	1990	1991	1987	1988	1989	1990	1991	1987	1988	1989	1990	1991
Skunk	100	17	6	15	10	23	15	6	9	9	23	88	100	60	90	0	0	1	0	0
Cat	32	24	10	17	8	2	2	0	0	0	6	8	0	0	0	0	1	0	0	0
Dog	18	12	15	13	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Bovine	16	5	1	7	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Horse	0	0	0	1	3	0	0	0	1	0	0	0	0	100	0	0	0	0	0	0
Others	33	7	1	5	8	1	0	0	0	0	8	8	0	0	0	0	0	0	0	0
TOTALS	199	65	33	58	40	26	17	6	10	9	13	26	18	32	22	0	1	1	0	0

In 1991:

- 12 cases received post exposure vaccine
  - 5 cases - from exposure to stray cats (which escaped)
  - 3 cases - from exposure to stray cat which was burned but was in contact with rabid skunk
  - 1 case - dog which escaped
  - 1 case - squirrel (parental concern)
  - 1 case - fox that escaped
  - 1 case - mouse (victim concerned)

TABLE XIII

COMPARISON OF INCIDENCE RATES OF CERTAIN COMMUNICABLE DISEASES
1986 - 1991 RATES / 100,000 POPULATION

DISEASE	1986			1987			1988			1989			1990			1991		
	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA	HEALTH REGION #10	SASKATCHEWAN	CANADA *	HEALTH REGION #10	SASKATCHEWAN	CANADA **
Gonorrhoea	28.1	166.8	133.0	29.5	170.6	105.0	8.7	126.8	70.1	12.6	94.5	63.3	8.9	89.2	42.8	10.5	83.6	
Syphilis	1.2	0.4	8.0	3.7	0.6	8.2	3.7	0.9	6.2	1.3	0.6	4.3	1.3	0.1	4.6	0	1.2	
Hepatitis A	20.8	27.6	5.2	4.9	11.9	3.8	2.5	10.5	5.3	5.0	12.6	6.6	1.3	26.7	6.0	1.3	29.6	
Hepatitis B*	2.5	12.3	8.3	2.5	16.8	9.4	8.7	12.4	7.7	0	12.5	8.1	6.4	12.2	7.1	2.6	10.0	
Salmonellosis	30.6	30.4	38.9	20.9	35.8	42.5	21.1	30.0	37.2	40.3	50.0	34.9	30.6	30.4	26.7	34.0	43.6	
Measles	84.4	39.6	58.8	9.8	8.9	8.2	2.5	1.6	2.1	1.3	1.4	3.7	0	0.7	2.7	0	0.3	
Rubella	1.2	22.1	9.3	0	3.2	4.4	0	0.7	1.9	6.3	13.0	5.7	0	0.5	1.0	14.4	43.8	
Pulmonary Tuberculosis	2.5	8.6	6.1	1.2	12.4	6.2	2.5	10.7	6.3	1.3	16.5	5.7	1.3	18.3	1.4	1.3	N/A	
Shigellosis	50.1	48.3	5.5	3.7	23.0	5.1	3.7	17.6	6.2	0	26.9	5.8	1.3	22.5	4.3	0	9.8	
Giardiasis	56.3	26.5	32.2	71.4	64.6	33.8	52.2	74.1	31.7	68.0	77.0	34.4	49.7	60.0	29.6	65.3	65.7	
Campylobacter	23.2	25.4	38.1	28.3	35.5	39.3	33.6	28.3	36.0	20.1	28.4	37.5	22.9	30.2	34.7	20.9	24.5	

* Based on Estimated Canadian Population (1990) Stats. Canada and CDVR March 9, 1991

** Not available

+ Includes carriers

Report of the Director, Regional Support Services

- Mr. Ray M. Jones

The 1991 Annual Report of the Director, Regional Support Services is respectfully submitted to the Yorkton-Melville Regional Board of Health, and Dr. D.C. Watler, Medical Health Officer.

Services to the Board

Budget restrictions applied to board expenses severely hampered the board activities. The fall inservice for all council members was cancelled and there was a reduction in the number of board meetings with no honorarium paid for most of the fiscal year. The board took an active role in reviewing the "Everyone Wins" Community Grants, and to date 9 grants have been approved totalling $8,020. Mr. Wintonyk, Board Chairperson, personally presented a number of grant awards, and other board members encouraged and promoted the grants in their community.

Health Promotion Activities

During May 24 - June 2, 1991, Yorkton Parks and Recreation board sponsored "Fitness Week". I was invited to be part of the planning Committee and Yorkton-Melville Health Region staff were involved in events involving "Fitness Week". Instead of a one-day Participaction Challenge, Yorkton focused on a number of health related issues and declaring Yorkton "The Walking Capital of Saskatchewan".

"Lifestyles at the Library" a noon hour speaking session addressed: Footcare, Stress Management, Nutrition and Walking/Running Programs for fitness. The Health Region staff participated and staffed a health promotion booth at the starting point for the "Walk-a-Measured-Mile" event.

Health Topics, a weekly Television health promotion program in which the Health Region participates, was reviewed by a Senior Staff sub-committee of myself, Sharon Bond-Moore, and Marilee Hornung. Areas reviewed included effectiveness, format and ability of the Health Region to provide 52 sessions per year. One outcome of the review was that next to prime time, our broadcast time had the best coverage. Various methods of enhancing the interviews were discussed and a number of other health-related agencies and facilities were invited to participate.

Community Development:

The Regional Board of Health and Health Councillors are the most important group in rural community development providing input into our Branch. Most councillors are involved in their communities in a number of ways and as such facilitate the success of many health related projects.

Along with Dr. Watler, and Carol Kerr, Regional Nursing Supervisor, I have participated in an innovative joint project. The Yorkton Union Hospital, Rural Municipalities in the hospital district, the Centre for Agricultural Medicine (University of Saskatchewan), and the Health Region are working together to

provide Respiratory Testing and Health Education Programs in Rural Municipalities. Two Rural Municipalities were successfully completed in early 1991 and two more Rural Municipalities will receive the sessions this winter. In 1991, 260 farmers attended.

Procurement Actions 1991

A purchase plan based on proposed 1991-92 budget amounts was submitted to Central Office in early May 1991. The plan addressed both the 1990 Basic Equipment Study and current regional needs. The plan to replace aging 16 mm projectors with VCR player/recorders and televisions was further enhanced with the purchase of a television and VCR for the Foam Lake District Office. This equipment is to be shared with the Theodore District Office. For 1992 the addition of a television and VCR for the Esterhazy Office should make this equipment easily accessible to all district offices.

A VHS Camcorder with Tripod was a major purchase in 1991 and is getting good use from both Speech/Language Pathology and Early Childhood Psychology program staff. Nursing equipment was upgraded with 10 mechanical footscales, and two pediatric scales. A gastec pump and other testing equipment was purchased for the Public Health Inspection program.

The Support staff and others are disappointed in not being allowed to proceed with the acquisition of two computers that were budgeted for in the 1991-92 submission. The need is well

documented and the sharing of one computer between six support staff is creating a difficult situation.

Space and Accommodation:

The 1989 Space and Accommodation Study yielded some results in 1991 as the Regional Office Renovation Plans were given number one Branch priority. Unfortunately budget restraint in the Department meant no renovations have been undertaken and at best renovations deferred until 1992.

Plans for renovations to the Canora Union Hospital have been approved and our district office in that facility will be relocated and upgraded. Our input has helped the Hospital Administrator come up with what appears to be an accessible, and pleasant working environment for our staff.

The Occupational Health Committee for the Yorkton Provincial Office building was revived and I was elected co-chairperson. Concerns addressed this year include air quality and a non-smoking policy. Training courses for Occupational Health Committee members were arranged as well.

A review of the Child Health Centre sites by our Regional Nursing Supervisor indicated two sites needed upgrading. The two sites were relocated after inspection and for 1992 site inspections are planned on a routine basis.

Telecommunications

An updated telephone system was installed at the Esterhazy district office that is identical to the new "Smart Talk" system in the Melville office. This system was introduced with only a small increase in rental. The district office staff were helpful in this project.

Calling cards for all district offices were ordered to enable staff telephone privileges away from the office in emergency situations.

1992 Looking Ahead

It is critical that computerization plans that were stalled in 1991 go ahead in early 1992. All staff have been frustrated by the lack of computer time and the ability to computerize a number of manually produced statistics.

New approaches in the delivery of health services in rural Saskatchewan will no doubt involve us further in planning various types of integrated services and facilities .

Over this last year we appreciate being involved in facilities planning in Ituna, Langenburg and Canora.

Public Health Nursing

- Carol Kerr

In 1991 the Public Health Nurses completed another successful year in preventive health services throughout the region. This annual report reflects our accomplishments as well as our attempt to meet the identified needs of the communities for whom we are responsible.

Staffing

As in previous years, staff changes continue to occur, and this creates some difficulties in providing nursing services to all areas. In March, Sandi Kozicki, Public Health Nurse I, Yorkton resigned, and this position was subsequently transferred to Prince Albert Health Region. The elimination of this position resulted in redistribution of Public Health Nursing districts throughout the entire Health Region.

Bonnie Rushowick, Public Health Nurse I, Yorkton, returned from a one-year maternity leave in June. Edith Halyk, Public Health Nurse I, Foam Lake commenced maternity leave in October with Jill Eyolfson being hired on a temporary basis to cover this position. Doris Maksymiw, Public Health Nurse I, Preeceville has been on a definite leave since October. Wendy Wolkowski, Public Health Nurse I was hired in September and is job sharing a position with Bonnie Blenner-Hassett in Yorkton.

Child Health Conferences

A review of Child Health Conferences was completed to ensure each site meets accepted standards. As a result two sites were relocated to alternate facilities. We do appreciate the previous facilities donated by the respective communities, but feel the new locations are more in keeping with the services we provide. 30 Child Health Conferences are in operation with 5,296 infants and preschoolers attending the Child Health Conference. During the year 1,357 appointments were not kept. This is a rate of 21%. Despite regular reminders, we seem to be making little headway in reducing the numbers of "No Shows" which is a concern as a considerable amount of nursing time is lost.

Developmental Screening Test

The Public Health Nurses continue to use their developmental assessment skills in the assessment of infants and preschoolers. The formal screening of preschool children with the Denver Developmental Screening Test was discontinued in January based on the results of a province-wide evaluation of the screening tool. Currently a Committee is reviewing the literature and attempting to develop a suitable screening protocol that would enable early identification of children with developmental delays.

VISION SCREENING

Statistical data was collected in 1990 on the Vision Screening Program for 4, 6 and 9 year-olds). During 1991 compilation of the statistics was completed and the results will enable the committee on vision screening to evaluate the effectiveness of our current screening practices and to make recommendations or changes to the program.

Support Program for Pregnant Adolescents

We continued to provide prenatal support and educational services to pregnant teens but the number enrolling in the program is low. In 1991 there were 74 adolescent pregnancies in our Health Region, with only 16 referred and followed by the Public Health Nurses. Pregnant teenagers are a concern as they are at-risk for health problems, interruption of school and severe socio-economic difficulties. It is hoped that as the program develops more teenagers will make use of this valuable resource.

Nobody's Perfect Program

A program that blends well with the Pregnant Adolescent Program is the "Nobody's Perfect" Program. Dorothy Korol, Public Health Nurse I, Canora and Debora Wotherspoon, Public Health Nurse I, Melville offered the program in various areas of the Health Region. It has been well accepted by parents as it is designed to give them more confidence in their ability to be good parents. Two more Public Health Nurses took the Facilitator's

Course in September: - Lorraine Tochor, Public Health Nurse, Esterhazy and Bonnie Blenner-Hassett, Public Health Nurse I, Yorkton.

Airforce Program

The Airforce Program (Family Asthma Program) held for four weeks in Ituna was facilitated by Debora Wotherspoon, Public Health Nurse I. The program was sponsored by the Saskatchewan Lung Association with inservice being provided by professionals to children and parents.

Parent OASIS Network

The Parent OASIS Network (Parents of a Special Infant Support) is a resource for parents who have a handicapped child by providing support from other parents with similar experiences. Dianne Norman, Public Health Nurse I, Yorkton , as a member of the Parkland Early Childhood Intervention Program Committee assisted in the development of this service and in orientation of volunteers.

Influenza Vaccine Program for Seniors

This was the first year Saskatchewan Health recommended influenza vaccine for all elderly over 65 years of age with Public Health Nurses administering the vaccine. Physicians could obtain the influenza vaccine from Saskatchewan Health to immunize at-risk children, adults and elderly. The influenza program was held from mid-September to the end of October. This demanded a lot of extra Public Health Nursing time due to the short time period in which the program was implemented. We appreciated the help from Senior

Citizen groups who acted as sponsors and volunteers and assisted the Public Health Nurses by making appointments, obtaining consents, taking and generally keeping the clinics running smoothly. 27% of the elderly population were immunized by the Public Health Nurses in our Health Region. Although this was lower than we initially anticipated, the overall percentage will increase when added to the numbers provided by family physicians.

Farmer's Respiratory Health Program

The Farmers Respiratory Health Program was delivered in February in the Rural Municipalities of Wroxton and Saltcoats. The number of participants ranged from 16% - 24% of the eligible population. The program has 4 core services: respiratory health and risk assessment, counselling, education and referral. The services were provided by a team of health professionals from the University of Saskatchewan - Centre for Agricultural Medicine, Yorkton Union Hospital and Public Health Nurse I, Judy Roll along with the assistance of local volunteers. Other municipalities in our Health Region will be participating in the program as they have agreed to join the Agriculture Health and Safety Network.

Pediculosis Program

The revised Pediculosis Protocol was introduced to school personnel and parents in September, 1991. An educational approach is being used in the management of pediculosis as mass screening

of children's heads has not been effective in controlling the spread. By increasing the knowledge of children, parents and teachers and making parents more responsible for regular surveillance, we hope to bring the problem under better control and to decrease the negative social stigma attached to having head lice.

AIDS EDUCATION

Educational sessions on HIV and AIDS continue to be provided throughout the region by Public Health Nurses and the Medical Health Officer. The Public Health Nurses serve as resources to teachers in the education of students in the School Health Education Program; the Medical Health Officer and Public Health Nurse II presented AIDS education to professional groups, health care workers, adult education classes, workplace staff and general community audiences. Diversity through the media of live theatre brought Popular Alliance Theatre of Manitoba to Yorkton with their production (AIDS IS) "Everybody's Business". This lively, thought-provoking play used music, drama and comedy to raise awareness and knowledge of HIV and AIDS, and to promote positive attitudes in the community. The appreciative and sometimes critical audience included a range of age groups and a variety of backgrounds. Local theatre groups could provide an educational media for sensitive subjects such as AIDS - and should be considered in the

future. Facilitating through local service groups - Optimist Club of Yorkton in this case - is also an effective way of involving community members in educational activities.

University of Saskatchewan Nursing Students

As in previous years we were pleased to assist in student learning experiences for 4 basic students and 2 post-basic R. N. Degree students from the College of Nursing, University of Saskatchewan.

Continuing Education for Public Health Nurses (PHN) continues to be offered on a rotational basis. Seven Public Health Nurses attended from our Region this year and received valuable updates for their work in communities with individuals and families.

General Programming/Services

All existing programs have continued - Child Health Conferences, prenatal classes, Communicable Disease Control, school health, home visits, postnatal visits, respiratory program, group education. In providing services, the Public Health Nurses co-ordinate, provide liaison and refer to other agencies.

The Public Health Nurses are to be commended for their team work, enthusiasm and commitment in providing a high quality of service to their communities.

I would like to convey my appreciation to all the various disciplines for their support and co-operation. Thank you to the support staff for all their assistance, and to Dr. Watler, for his guidance and direction and for helping to keep us motivated and interested by his continual teaching.

PUBLIC HEALTH NURSING STATISTICS

	1989	1990	1991
Number of Nursing Days	3253	2730	3296
Home Visits	3293	3466	3221
Total Contacts Made	7611	7918	6889
Prenatal Program			
Home Visits	102	103	127
Number of Classes	124	126	116
Total Attendance			
Mothers	794	770	712
Fathers/Coaches	649	677	612
Postnatal Program			
Home Visits	707	719	636
Pre-School Health Services			
No. of CHC Appointments Available	8449	8156	7709
No. of CHC Appointments Made	7550	7318	6653
No. of CHC Appointments Kept	5888	5797	5296
No. of CHC Appointments Not Kept	1662	1421	1357
Infant Immunization (0-12 Months)			
Primary DPT	2328	2227	1970
Primary OPV	2357	2379	1993
Primary DT	17	32	27
Primary DPT Polio	19	53	33
Preschooler (1 year through 4 years)			
DPT (18 Months & 4 Years)	1481	1604	1428
OPV	1543	1707	1482
DT	36	92	67
DPT Polio	16	47	42
MMR	808	812	809
Hib	673	753	700
School Health			
Immunization: DPT, DT, Td, TdP	1285	962	1251
OPV	1232	973	1311
MMR	179	29	174
Home Visits To:			
Adults Over 65	1164	1194	1052
Adults Under 65	686	834	704
SAIL Home Visits: Respiratory	751	1020	694
Special Needs Equipment	351	369	383
Communicable Disease Follow-up	125	296	196
Referrals to Other Agencies	730	698	638

Public Health Inspection Annual Report

- Mr. A. Gazdewich

The following are the highlights of the Public Health Inspection program and activities for 1991.

Staff:

The status of staffing and areas of coverage remain unchanged from my last annual report.

- Miss Camille Adams successfully completed the requirements of the Canadian Institute of Public Health Inspection and has received her Canadian Certificate in Public Health Inspection.

- Mr. Ivan Pozniak, first year B.C.I.T. student in Public Health Inspection completed three months of the required field training in our region this past summer. Ivan showed interest and enthusiasm in the inspection program and we wish him well in his final year of studies.

Programs and Activities:

- The provincial work guide had to be modified again in 1991 as with the existing number of inspectors it is not possible to complete all programs listed. However annual inspections of facilities that require either a permit/licence to operate were completed. These facilities are:

408 Public Eating Establishments

113 Licensed Accommodation facilities

29 Food Processing facilities

22 Public Swimming Pools

-Facilities that were inspected that do not require licence or permit to operate were:

180 Food Distribution facilities

43 non-licensed food processing facilities

81 liquor outlets

168 Recreational facilities

82 Personal services facilities.

Demand services included: investigation of complaints, substandard housing investigations, complaints of malfunctioning private sewage disposal systems, private water supplies, communicable disease investigation, processing of subdivision applications, plan approvals and plumbing inspections.

There are facilities that come under the jurisdiction of other Departments or Agencies and have arrangements with our Department for inspectional services. These include Group Homes, Approved Homes, Day Care Centres and Schools. These facilities were inspected only on request or as a result of complaints received.

- Indoor Air Quality - The number of enquiries regarding concerns with indoor air quality is on a definite increase. A number of tests in private homes for formaldehyde, carbon monoxide and carbon dioxide were carried out. Carbon monoxide testing in skating rinks was also completed on a selective basis as time permitted.

Shoreland Development Areas - Surveys of selected resorts were completed to update records, and to deal with complaints regarding non-complying private sewage disposal systems and non potable water distribution systems. In cooperation with local councils, other government agencies and cabin owners, most concerns were satisfactorily resolved.

Emergency Measures Organization - Another effort is being made to activate the EMO District 5. Two meetings have been held with various municipal representatives as well as a number of government agencies. The committee's function in a disaster is being developed as well as an attempt to identify resources available within the district.

Community Education

Our education programs continued to be well received during 1991, in particular, the foodhandlers training program- National Sanitation Training Program (NSTP). Recent changes to the Eating Establishment Regulations require that at least one staff member per shift be present who has successfully completed an approved food sanitation course. Fifteen such courses were held throughout the region with 301 participants successfully completing the course.

Another training program is the Level I Swimming Pool Operators Course that is held annually for all municipal and commercial pool staff. Seventeen completed the course held in May.

Inservice Training

Mr. Roger Fielding and Athen Gazdewich attended the one-week training program at the University of Saskatchewan, Saskatoon.

Computer Program:

The Public Health Inspection Information System is now operating and a statistical report is provided in Table I.

Committee Work:

Committee work continues to be a significant part of the Public Health Inspectors workload. Mr. Gilbert Combres, who is a member of the Swimming Pool Committee, and Mr. Roger Fielding, who is a member of the Food Service Training Program, both feel that this provides them with an opportunity to have input into these particular aspects of the Public Health Inspection program. We continue to encourage Public Health Inspectors in this regard as often committee work results in implementation of various programs and/or new policies.

In conclusion, I would like to thank the Inspectors for their cooperation and excellent work throughout the past year.

On behalf of the Inspectors, thank you to Dr. Watler, the support staff, and the staff of various disciplines within the Health Region for your continued support.

STATISTICAL INFORMATION - PUBLIC HEALTH INSPECTION

TABLE I

April 1, 1991 - December 31, 1991

	Number Field Visits	Number Plans Review	Field Visit Time	Consult Time	Insp. Time	Total Hours	%of Wkld
Food Eating Establishment	428	53	351.3	294.8	207.5	853.5	12.3
Food Distribution	106	2	84.5	74.5	46.8	205.8	3.0
Food Processing/Other	38	6	34.8	78.0	24.3	137.0	2.0
Food Processing (Licensed)	38	6	34.3	58.3	23.3	115.8	1.7
Liquor Outlets	30	5	24.3	29.8	37.5	91.5	1.3
Institution/Houses	111	17	92.8	124.3	39.3	256.3	3.7
Licensed Accommodations	62	7	51.5	52.0	67.5	171.0	2.5
Recreation/Public Facility	99	8	95.8	101.3	17.0	214.0	3.1
Indust. Camp/Agri. Facility	166	13	162.5	128.5	0.0	291.0	4.2
Personal Services	11	1	11.0	12.8	12.3	36.0	0.5
Communal Sewage	27	1	24.0	27.8	0.0	51.8	0.7
Non-Communal Sewage	13	0	13.0	10.5	0.0	23.5	0.3
Solid Waste	70	0	49.0	61.8	0.0	110.8	1.6
Plumbing	14	0	9.5	17.0	0.0	26.5	0.4
Communal Water	192	15	118.5	140.8	6.8	263.0	3.8
Public Water	14	0	14.0	25.3	6.8	46.0	0.7
Private Water	10	1	7.0	52.5	0.0	59.5	0.9
Swimming Pools/Water Theme	102	1	42.0	142.0	40.8	224.8	3.3
TOTALS	1531	138	1219.5	1413.5	526.5	3177.5	46.0

PAGE 2 - PUBLIC HEALTH INSPECTION STATISTICAL INFORMATION

	NUMBER OF SAMPLES	TOTAL HOURS	PERCENT WORKLOAD
Samples - Drinking Water	98	41.0	0.6
Samples - Swimming Pool/Themes	15	5.8	0.1
Samples-Beaches	28	5.0	0.1
Samples-Food	25	8.0	0.1
Samples-Other	51	18.5	0.3
TOTALS	217	78.3	1.1

	# OF COMPLAINTS	TOTAL HOURS	PERCENT WORKLOAD
Complaints-Sewage	46	51.0	0.7
Complaints-Habitation	126	161.0	2.3
Complaints-Food	67	70.5	1.0
Complaints-Other	109	121.5	1.8
TOTALS	348	404.0	5.8

	# OF OCCURRENCES	TOTAL HOURS	PERCENT WORKLOAD
Land Use Referrals	68	91.8	1.3
Public Education	68	340.3	4.9
Surveys/Projects	39	132.5	1.9
Legal Action	0	0.0	0.0
Disease Investigation	12	30.0	0.4
Travel	N/A	914.5	13.2
Staff Development	N/A	265.3	3.8
Meetings	N/A	396.0	5.7
General Administration	N/A	1084.3	15.7
TOTALS	187	3254.5	47.1

Early Childhood Psychology

- Mr. R. Cherland

For over 34 years psychological services have been provided to children and their parents by our Yorkton-Melville Health Region. In the past 12 years these services have been specifically focused to benefit preschool children. It is the health and well being of these young children that continue to be the primary concern of the Early Childhood Psychology program.

In the past year two-thirds of the Early Childhood Psychologist's time and energy has been spent working with individual youngsters and their parents. Developmental and behavior assessments of infants, toddlers and preschoolers were completed with the majority of the children referred. The information obtained helps parents and other support professionals understand a child's specific situation and needs. Together with parents, Early Interventionists, Day Care workers or other Regional staff, program activities and strategies are designed to encourage a particular child's growth and maturation. In this way any future learning or behavior problems can hopefully be prevented or limited in their effects on a young person's life.

Opportunities for public education were found in group and individual requests for information. Formal presentations were made to parents and individuals working with young children in Canora, Yorkton and elsewhere in the Region. These sessions dealt with issues such as talking with children, handling temper tantrums and helping children learn good sleep habits. Along with other Regional staff, 'Health Topic' presentations covering similar topics were made on the local television station. Health promotion funds enabled the purchase of a number of new pamphlets on child development, discipline and certain emotional health problems. These materials have been offered to many parents who had specific concerns.

Assistance was provided this past year to a number of agencies and community groups. Regular consultations took place at the monthly Admissions and Review committee of the Parkland Early Childhood Intervention Program. Aid was also provided to parents and staff who developed the 'Parents O.A.S.I.S. (of a Special Infant Support) Network'. This service offers parents of a newborn child, who is at risk for or diagnosed with special needs, the support of other parents who have experienced similar difficult times. The organization of this network was developed and a written proposal was submitted to engage the support of Physicians and Hospital staff. As well the planning committee presented a training program to give guidance to support parents.

Because of recent national media attention on issues of abuse and family violence, the prevention of child abuse is becoming more of a concern. By working together with people from the community and other social agencies, a Yorkton and district Child Abuse Prevention Association has been formalized. Over the past year this group has organized some evening public information sessions in the Yorkton area. In these events video presentations, discussions and materials were provided to people. I assisted with program planning and took a leadership role to encourage audience discussion.

Changes have been initiated in some administrative aspects of the Early Childhood Psychology program. After a series of discussions, statistical methods of recording monthly activities were revised and expanded. Hopefully these new methods will provide a more detailed picture of the services given in each Region. The Provincial Program Director and all ECPs jointly planned a review of the Health Regions' Psychology program. Parents and other professionals using the services of Early Childhood Psychologists in the province took part in the study. This evaluation was completed in the Fall of 1991 and recommendations have been submitted. Planning has already started to modify some aspects of the program.

The statistical tables at the end of this report detail some aspects of the services provided over the past year. It should be noted that these figures include some services provided to Wadena Health district. This area has been served from the Yorkton office since staff would otherwise be required to come from Prince Albert.

Over the coming year I hope that progress can continue to be made in some program areas despite Provincial budget restrictions. For example, plans are well underway to hold a special diagnostic clinic for some children and their parents. Staff from the Kinsmen Children's Centre, Saskatoon, will be coming to work with children with special concerns. A few new or updated assessment protocols may also be obtained. These will offer parents more specific data about their children's behavior or development and assist in developing programs for some children.

Finally, I would like to extend my sincere appreciation to all Health Region staff. The support which Dr. Watler, Carol Kerr and her Public Health Nursing staff, the Speech/ Language Pathologists, Regional Nutritionist and other support staff have steadily given, has been very valued. With them, I look forward to the new opportunities we share for advancing services to young children and their families.

TABLE I

Program Activities of Early Childhood Psychology

	Percent of Total Time		
	1989	1990	1991
Direct Child Services	68.1*	64.7*	18.5
Casework Support			47.8
Public Education	.7	7.1	6.6
Professional Development	9.8	5.8	6.3
Travel	9.2	10.6	9.3
General Administration	12.2	11.8	11.5

*Direct Child Services and Casework Support combined for 1989 and 1990

TABLE II

Source of New Referrals to Early Childhood Psychologist

Referral Source	1988	1989**	1990	1991
Public Health Nurse	49	35	60	41
Speech/Language Pathologist	13	8	12	15
Early Childhood Intervention Program	3	8	4	0
Parent/Guardian	1	2	16	6
Other (e.g. Physician, Social Worker)	11	3	11	12
Totals	77	56	103	74
Average Number of Referrals Per month	6.4	4.7*	8.6	6.2

**ECP Services were only available for six months due to staffing change.

TABLE III

Age at time of Referral to Early Childhood Psychologist

Age (in years)	Number Referred
Under 1	8
1	9
2	14
3	20
4	22
5	1
Total	74

TABLE IV

Reason for Discharge by Early Childhood Psychologist

Reason	Number Discharged
Transferred to other Agency/Program	38
Moved from Region	7
Declined Service	11
Goals Reached	28
Other	6
Total	90

TABLE V

Summary of Client Services

Type of Service	Number Provided
Developmental Assessment	47
Behavior Evaluation	24
No Problem Determined	6
Review Assessment	41
Therapy Session	6
Parent Counselling	72
Case Consultations re: children	
a) on caseload	135
b) not on caseload	65
Total Active Caseload (December 31,1991)	87

Dental Health Education

- Mrs. Wendy Griffith

The Dental Health Education Program continues to provide programs aimed at preventing and reducing dental disease. These programs are directed towards postnatal groups, preschool and school aged children, seniors and the general public.

School Dental Health Program

The emphasis of our program remains school-based. Every year the children learn more about dental health through a variety of topics, beginning with brushing instruction in Kindergarten to the process and prevention of peridontal disease in Grade 6. Resource manuals were compiled and distributed to school libraries.

Fluoride Mouthrinse Program

Fluoride mouthrinse programs are available to all schools where the fluoride level in the drinking water is below optimal levels for the reduction of tooth decay. The objective of programs is to reduce tooth decay by "swishing" weekly or biweekly with a fluoride solution. Dental Health educators provide schools with all the supplies, consultations and workshops necessary to operate a Fluoride Mouthrinse Program independently.

Only one school, Rama Elementary, was added to our list during 1991. (see statistics for Fluoride Mouthrinse Program).

Preschool and Day Care Program

"Charlie Chew" preschool dental kits are available to care-givers of preschools and day care centres upon request. The kit includes an instruction manual, storybook, activities, and a large mouth model (and toothbrush). Toothbrushes and a coloring sheet are available for each child.

Postnatal Program

The postnatal program was implemented at Yorkton Union Hospital in November 1991, and is intended to educate new mothers on dental care for their new baby. Dental information packages are distributed to all new mothers in the maternity ward. Each week the Dental Health Educator visits the ward and offers information to the new parent. When good dental health habits are established early the results should be healthy teeth lasting into old age.

Special Presentations

- Three dental health presentations were given to 69 clients at the Parkland Abilities Centre in Yorkton. Valuable daily oral hygiene was practised and stressed.

- Fourteen student care givers enroled at Parkland Community College received dental health information that will aid them in caring for clients in Nursing or Extended Care Homes.

April - Dental Health Month

Special Activities for the month included:

- Dental Health Month displays were set up in all district offices with a larger display in the Yorkton Regional Office. The theme was "Begin Dental Care Early". This tied in very well with our provincial activity - the "Dental Health Month Baby". The first baby born in April in each of the hospitals received a "Dental Health Month Tote Bag" which contained various dental products and information. Additional births received smaller dental packages.

- "Charlie Chew" was the star attraction on April 4, 1991. He distributed valuable information to passers by at the Parkland Mall in Yorkton. Loralynn Leiger from Fort Qu'Appelle helped man the display booth.

- Dental Articles were submitted to schools for publication in school newsletters.

- Participated in The Family Affair Forum sponsored by the Family Foundation on April 16 and 17 at the Parkland Mall, Yorkton

- Two T.V. Health Topics were produced during Dental Health Month.

I would like to thank Dr. Watler, the Support Staff, and other disciplines for their continued support and cooperation.

Dental Health Education Statistics

Presentations	Jan-Mar.31/91	Apr. 1-Dec.31/91
Number of Schools	16	47
Number of Presentations	118	227
Number of Participants	2300	4232
Number of Preschool Presentations	-	6
Number of Preschool Participants	-	75
Number of Preschool Kit Utilizations	4	9
Number of Participants	109	456
Number of Presentations to care-givers of preschool centres	3	8
Number of Extra Presentations	4	9
Number of Participants	90	104
Number of Presentations to Institution Care-Givers		1
Number of Participants		14
Postnatal visits at Yorkton Union Hospital		38

Fluoride Mouth Rinse Programs

		Number of Consents	Grade	No. of Students
1.	Calder	42	1-7	48
2.	Tantallon	30	1-7	38
3.	Invermay	50	1-6	53
4.	Rama	37	1-6	45
5.	Pelly	29	1-4	35
6.	Arran	29	1-6	32
7.	Endeavour	89	1-8	109

Total Number Eligible Students to Participate	360
Total Number of Students Participating	306
Percentage of Students Participating	85%

Public Health Nutrition Program Highlights

- Marilee Hornung

The Public Health Nutritionist plans, implements, evaluates and administers nutrition programs for the public, community groups and professionals, based on the assessed nutritional needs of the Health Region.

The following is a summary of program delivery, activities and progress.

During the past year, public health nutritionists across the province have been involved in an evaluation of their program. Provincial results will also be summarized in this report.

Public Education

"Eat Smart For Your Heart" continues to be in demand and has been conducted in various locations throughout the Region. This 2-class workshop emphasizes practical methods to reduce fat intake as current high levels of fat consumption contribute significantly to the risk of developing heart disease and other chronic diseases. Participants indicate that they enjoy the recipe substitutions, audience participation, label reading and handouts. Provincial evaluation of the program shows that women attend in greater numbers than men, and the majority are over 40 years old. Improvements have been reported for cooking, buying, eating at home, label reading and serving sizes. All participants felt they would recommend this workshop to a friend.

As a workshop follow-up, participants are sent an "Eat Smart" newsletter, four times a year.

"Eat Smart" Grocery Store Tours continued in 1991. Most tours are held in Yorkton at the Co-op Food Centre. Some were also held in other towns in the region such as Preeceville, Sturgis, Kamsack and Melville. This program continues at the request of community groups. Evaluations show that most participants gain much new information and the 1 1/2 hour tour is of appropriate length. All say they would recommend the Grocery Store tours to a friend. After the tour many plan to make changes in their food purchases with regard to fat and to read labels more carefully. The tours have received considerable media attention.

The Heart and Stroke Foundation of Saskatchewan gave the health region a copy of the "Light Hearted Living" T.V. series. This was aired on the community cable channel for 13 weeks. Each show is 30 minutes long.

According to the Canadian Restaurant and Food Service Association, the typical Canadian eats out an average of 5-7 times a week. The Heart and Stroke Foundation has initiated a Heart Smart Restaurant Program to help consumers identify and select good food choices when they eat out. The program is consumer driven which means that consumers can make requests for certain foods and participating restaurants have agreed to provide them. Such restaurants have a stylized heart visible to consumers entering the

restaurant. I was involved in the kick-off breakfast announcing the program and also have been promoting the program when opportunities arise. Further involvement is anticipated in the future.

Group presentations were given to 50 groups throughout the region reaching 745 people.

Media

The media continues to be supportive and an important way in which to give accurate information to the public and to address popular nutrition concerns. As is the usual practice, a weekly newspaper column is submitted to all newspapers in the region. Pick-up rate for this region is about 50% which is consistent with the provincial average.

Committee Work

Both the North Battleford nutritionist and I extensively revised one of our prenatal publications "Feeding Your Baby". Input was gleaned from Public Health Nurses and Nutritionists to make this a workable pamphlet. It will be printed in 1992.

I was on a local committee comprised of social workers along with a nurse from Regional Services and Mental Health, which undertook an awareness program for National Eating Disorders awareness week in October. A successful film night at the Library in Yorkton proved there is need for support for eating disorders and body image concerns. Information was also provided to all schools in the region at this time.

Regional Committee work included participation in the Breastfeeding Committee, health topic evaluation committee, Early Childhood Committee and the Langenburg Heart Health Coalition Meeting.

Consultation

Consultation services continue to be in demand. Requests come from public health nurses, other nutritionists, health care workers, other branch staff, the public and teachers. (see statistics). The 3 most common information requests are for nutrition resources, heart health and infant feeding.

In the New Year I look forward with anticipation to new opportunities for expanding and enhancing the vital role of nutrition in the prevention and control of disease.

Nutrition Statistics

Nutrition Education and Inservices

Presentations - 50

Number attending - 745

Orientation Sessions - 3

Media

Newspaper Columns Submitted - 49

Newspaper Columns edited - 52

Other media contacts - 10

Screening and Counselling

Screened - 100 (at risk - 22)

Counselled - 16

Consultative Services

Branch staff - 149

Other Professionals - 70

Public - 115

Health Promotion

Displays/Fairs - 7

Resource Development - 3

Subcommittee Projects

Feeding Your Baby - revisions

Canada's Food Guide Implementation Committee (ongoing)

Report of the Speech/Language Pathology Program

- Mrs. S. Bond-Moore
- Mrs. L. Jones

The ability to communicate is essential to function and be productive in our society. Yet an estimated 70,000 to 100,000 Saskatchewan children and adults suffer from communication handicaps of some kind. This estimate indicates approximately 6000 children and adults in the Yorkton-Melville Health Region have difficulty with communication in one form or another.

Communicatively impaired children form the largest disability category among elementary and secondary school age children.

As much of a child's intellectual growth takes place during the preschool years, early identification and intervention is essential.

The purpose of the Community Health-Prevention Services Branch (CHPSB) Speech/Language Program is to provide leadership in the early identification, early intervention and prevention of communication disorders. We are responsible for planning, organizing and implementing programs to remediate speech, language, voice and fluency problems of preschool children (90%) and adults (10%).

Beyond identification and intervention we also provide preventive programs in the form of public awareness of communication processes and disorders. These programs encourage early detection and intervention of communication difficulties as well as foster normal development.

To assist with prevention and public awareness, the CHPSB Speech/Language Pathologists designed two comprehensive education packages in 1991 - General Communication and Receptive and Expressive Language. These packages will be used to increase the knowledge base of parents, day care staff, Early Childhood Intervention Program staff and other interested groups. The effectiveness of the packages will be evaluated on an on-going basis. Development of packages on articulation and adult communication are planned for 1992.

The Adult Intensive Stuttering Clinics for Saskatchewan residents continue to be held each year for a two week period. Mrs. Lori Jones will be involved in a review of these clinics in 1992.

Both Speech/Language Pathologists provided supervision as requested to those newly practising clinicians who wish to receive the Certificate of Clinical Competence for the American Speech/Language Hearing Association. The supervision is beneficial to those Speech/Language Pathologists involved as each is able to draw on the other's knowledge and experience in the provision of services to clients.

This past year a computer was placed in the Region for use by the Speech/Language Pathologists and Early Childhood Psychologist. The computer has been valuable in administrative tasks. As more software is available, it is hoped the computer will be included in clinics to assist with intervention and remediation of communication disorders.

Mrs. Bond-Moore and Mrs. Jones look forward to continuing to provide diagnostic and remedial services to preschool children and adults.

As always, the support of Dr. Watler, the support staff and the other disciplines is greatly appreciated.

SPEECH/LANGUAGE PATHOLOGY STATISTICS - 1991

	SOURCE OF NEW REFERRALS								DIAGNOSIS							REASON FOR DISCHARGE								
	PHN Referral (from 3 Year Core Screen)	All other PHN Referrals	Early Childhood Psych.	Physician	SHAP	Parent	Other	TOTAL	Articulation	Language	Voice	Fluency	Associated Conditions	Normal	TOTAL	Initial Assessment Normal	Treatment Goals Reached	Transferred	Moved	Service Refused	Other	TOTAL	NUMBER OF CLIENTS SEEN FOR REVIEW	MONTHLY AVERAGE OF CLIENTS SEEN FOR TREATMENT
PRESCHOOL	77	42	6	7	0	19	7	158	98	44	1	9	0	10	162	9	47	45	12	44	13	170	247	20
SCHOOL-AGE																								
ADULT		2		9			10	21	1	8	5	1	1		16	2			1	5	5	13	3	2
TOTAL	77	44	6	16	0	19	17	179	99	52	6	10	1	10	178	11	47	45	13	49	18	183	250	22